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Attorney Docket Number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Doci	ket Number		<u> </u>			
		First Named I	nventor	SAPOTY	BROOK			
		<u> </u>	COMPLETE IF KNOWN					
		Application Nu	ımber					
Declaration	Declaration Submitted after Initia Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
Submitted OR with Initial		Group Art Unit						
Filing		Examiner Nam	1e					
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
A CONVERTIBLE INFLATABLE FURNISHING								
in stripes totaling								
			•					
			•					
(Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and was a	amended on (MM/DD/YY	m		(if applicable).			
(ii applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
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or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cor	by Attached?			
PQ 6944	AUSTRALIA	04/18/2000	, tot Claimed	YES	NO . →			
• •			H					
			H					
			H					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Num or Bar Code La		OR 🛛 C	orrespondence address below			
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CHY MULLUMBIMBY		state NSW	zip 2482			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) SAPOTY Family Name or Surname.						
Inventor's Sapotybook Signature	Date II APR. 2001					
Residence: City MULLUMBIMBY	State NSU	N AUSTRALIA Country	AUSTRAL/AN Citizenship			
Mailing Address P.O. Box 352						
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname					
inventor's Signature		Date				
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional Inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						